

# U.S. DEPARTMENT OF COMMERCE

Bureau of the Census  
Seattle Regional Census Center  
Bothell, WA 98011

## EXTERNAL RECRUITING BULLETIN:

### Administrative Assistant

## HOW TO APPLY

### STEP ONE- Testing:

- ❖ Contact the 2010 Census Jobs Line at **(866) 861-2010**, to schedule an appointment to take the **Census Non-Supervisory Field Test (D-267)**. If you have already taken and passed the Non-Supervisory Test (within the last two years), you do not need to take the test again unless you wish to improve your score.
- ❖ **Applicants MUST bring the following documentation to the testing session:**
  - Two forms of current acceptable identification (one must be a government issued picture ID). A list of acceptable identification has been provided below.
  - List of three references (personal or professional)- name, phone number and address.
  - DD-214, Certificate or Release or Discharge from Active Duty (*if applicable*); the document must include the type of discharge (e.g. Honorable, General).
  - SF-15, Application for 10-Point Veteran Preference (*if applicable*) and supporting documentation.
- ❖ **Applicants will complete the following forms at the testing session:**
  - BC-170D, Census Employment Inquiry
  - I-9, Employment Eligibility Verification
  - D-237, Certificate of VSIP or "Buyout" (*if applicable*)
  - D-267, Census Non-Supervisory Field Test

### STEP TWO- Application:

- ❖ **Submit required application materials by mail:**
  - [OF-612, Optional Application for Federal Employment](#) (PDF version is available on our Regional website, or at OPM.gov), or a [Resume](#) (any format). The following must be included on the OF-612 or Resume:
    - Recruiting Bulletin number (**e.g., AF-10-2010-AA-02FAF**) & title of position.
    - Name of the Local Census Office you are applying for (**e.g., Fairfield**).
    - Your full name (first, middle & last), mailing address (including zip), day and evening phone numbers (with area code), and e-mail address.

- List of your work duties and accomplishments relating to the job for which you are applying; paid and non-paid related work experience. For each work experience include: job title, series/grade (if Federal employment), duties and accomplishments, employer's name and address, supervisor's name and address, starting and ending dates (month/year), hours per week (full-time or part-time), salary, and indicate if we may contact your current supervisor/employer.
  - Applicants must submit a separate OF-612, and/or resume, for each office if applying to multiple locations.
- [OF-306, Declaration for Federal Employment-](#) A PDF version is available on our Regional website, at OPM.gov, at the testing sites, and in this announcement.
  - [Employment References Worksheet-](#) See attached worksheet. This worksheet is in addition to the one completed at the testing session.
  - [Copy of Veterans' Preference documents-](#) Although these documents are collected at the testing session (maintained by the LCO), applicants are encouraged to submit an additional copy with the application package to ensure proper Veterans' Preference credit is given.
- ❖ Disabled veterans or any other applicants eligible for non-competitive appointments, should specify their special eligibility on the application. Individuals with a disability may request reasonable accommodations by contacting the LCO Recruiting Dept. (listed above).
  - ❖ Failure to provide the required application materials and information may result in the loss of consideration.
  - ❖ If you have questions regarding the [Application](#) process, please call Fred McKay at the Regional Census Center (425) 908-4056. Mr. McKay cannot schedule tests; please contact Census Jobs Line (above) for an appointment.

### [STEP THREE- Application Submission:](#)

- ❖ Application materials must be submitted, by mail, courier, or hand-delivered, to the address below:  
[U.S. Census Bureau](#)  
[Attn: Jennifer Marshall](#)  
[19820 North Creek Parkway](#)  
[Suite 100](#)  
[Bothell, WA 98011](#)
- ❖ **Testing & Application Deadline:**
  - To receive consideration- (1) Applicants must complete the testing process by the Closing Date. (2) The required application materials, as listed above, must be submitted by mail, courier, or hand-delivered - *do not* turn in your application directly to the Local Census Office. (4) Applications must be received by the Closing Date to receive consideration.

# EXAMPLES OF ACCEPTABLE IDENTIFICATION

The following is an *example* list of acceptable identification documents. These documents will be used to: 1) establish your identity, and 2) your employment eligibility. You are required to provide **two** documents, **one document from list A and one document from list B.**

Provide **one** picture identification: Must be a Federal or State issued ID with your picture on it. Must be a valid ID- *unexpired*. Some examples include, but are not limited to:

**A**

- U.S. Passport or U.S. Passport Card
- Driver's License or State ID card
- U.S. Military card or Military dependent's ID card
- Photo ID issued by federal, state, or local government agencies or entities

Second identification- Some examples include, but are not limited to:

**B**

- U.S. Social Security card
- Original, or certified copy of a birth certificate issued by a state, county, municipal, authority or outlying possession of the United States bearing an official seal.
- Native American tribal document
- U.S. Citizen ID card (Form I-197)

## ADDITIONAL INFORMATION

- ❖ This is a Mixed-Tour work schedule that may be changed from full-time, part-time, or intermittent to accommodate fluctuating workloads.
- ❖ Candidates selected for these positions must sign agreements outlining the conditions of employment prior to the appointment.
- ❖ Payment of relocation expenses **IS NOT** authorized.
- ❖ You will be required to complete a Declaration of Federal Employment (OF-306) to determine your suitability for Federal employment and to authorize a background investigation. You will also be required to sign and certify the accuracy of all the information in your application. If you make false statements in any part of your application, you may not be hired; or you may be fired after you begin work; or you may be fined or jailed.
- ❖ Public law requires all new appointees to present proof of identity and employment eligibility (e.g., U.S. citizenship).
- ❖ If selected, male applicants born after 12/31/59 must confirm their selective service registration status.
- ❖ Applicants must be 18 years of age or older to be hired.
- ❖ Retired Civilian Federal Annuitants are encouraged to apply; pay off-set waivers are approved on a case by case basis at the Regional level for this position.
- ❖ Use of any Government agency envelopes to file job application is a violation of Federal laws and regulations. Applications submitted in Government envelopes **will not be accepted.**

### THE U.S. DEPARTMENT OF COMMERCE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS CENSUS BUREAU DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, POLITICAL AFFILIATION, SEXUAL ORIENTATION, MARITAL STATUS, DISABILITY, AGE, MEMBERSHIP IN AN EMPLOYEE ORGANIZATION, OR OTHER NON-MERIT FACTOR

# U.S. DEPARTMENT OF COMMERCE

## Bureau of the Census

### Recruiting Bulletin

ISSUE DATE: February 1, 2010

**CLOSING DATE: February 10, 2010**

**Recruiting Bulletin No. AF-10-2010-AA-02FAF**

Seattle Regional Census Center

Bothell, WA

POSITION TITLE: **Administrative Assistant**

PAY RATE: **\$13.50/hour**

NUMBER OF VACANCIES: **One**

EXCEPTED SERVICE APPOINTMENT: **Schedule A Appointment, not-to-exceed one year, with the possibility of extension until 9/25/2010.**

WORK SCHEDULE: **This is a temporary Full-time position. The incumbent of this position is covered by the mixed-tour employment program.**

DUTY LOCATION: **Fairfield, CA**

AREA OF CONSIDERATION: **External- All qualified U.S. Citizens currently residing in one of the following counties in California: Colusa, Solano, Sutter, Yolo, and Yuba.**

QUALIFICATIONS: **All applicants MUST take and pass a written test (D-267). Application must reflect demonstrated experience related to the specified duties listed below.**

**DUTIES:** Incumbent servers as an Administrative Assistant to the Local Census Office manager. Receives and reviews incoming correspondence and other materials. Incumbent answers inquires of a non-technical nature and drafts replies and attaches pertinent background material to correspondence of a more complex nature. Forwards appropriate materials and other correspondence to members of the staff for their action. Monitors and controls documents requiring action by a specific date and insures such deadlines are met. Screens calls and refers them to appropriate staff members. Maintains supervisor's calendar and schedules appointments and meetings. Briefs supervisor on appointments and meetings. Makes all necessary arrangements for meetings. May be asked to attend some meetings. Sets up and maintains files.

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.
- 7b. Have you registered with the Selective Service System? ☐ YES ☐ NO If "NO" go to 7c.
- 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military? ☐ YES Provide information below ☐ NO
- If you answered "YES," list the branch, dates, and type of discharge for all active duty.
- If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES ☐ NO ☐
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES ☐ NO ☐

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

## Certifications / Additional Questions

**APPLICANT:** *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
---

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES ☐ NO ☐ Do Not Know ☐

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES ☐ NO ☐ Do Not Know ☐

## **Employment References Worksheet**

Applicant's Name: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_

Please complete the form below, and include with your application package. Include only those references you approve us to contact.

<b>Professional References (include supervisors and others who know you in the work place)</b>				
	First and Last Name	Phone #s (Include Area Code)	Email address if known	Relationship to you
<b>1</b>		(W) _____ (C) _____ (H) _____		
<b>2</b>		(W) _____ (C) _____ (H) _____		
<b>3</b>		(W) _____ (C) _____ (H) _____		

<b>Personal References (do not include relatives or partners)</b>				
	First and Last Name	Phone #s (Include Area Code)	Email address if known	Relationship to you
<b>1</b>		(W) _____ (C) _____ (H) _____		
<b>2</b>		(W) _____ (C) _____ (H) _____		
<b>3</b>		(W) _____ (C) _____ (H) _____		